



Games for the Visually Impaired

Montana School for the Deaf and the Blind
3911 Central Avenue, Great Falls, MT 59405

(406) 771-6000
FAX (406) 771-6164

ATHLETE'S ENTRY FORM

ATHLETE'S NAME _____ Date of Birth ____/____/____

ADDRESS _____ HOME PHONE _____

CITY _____ STATE _____ ZIP _____

PARTICIPATION LEVEL (PLEASE CHECK ONE)

☐ LOW VISION ☐ BLIND ☐ Accommodations Needed: _____

ATHLETE WILL BE ACCOMPANIED BY _____ T-SHIRT SIZE _____

I _____ (Signature of parent or guardian) _____ (date) give my

permission for _____ (name) to participate in the 2008 Games for the Visually Impaired.

I _____ (Signature of parent or guardian) _____ (date) **do / do not** (Please circle) give my permission for _____ (name) to be specifically interviewed or photographed by newspaper, TV, radio, or other media personnel.

I would like _____ athlete's lunches **at no charge** and _____ lunches for non-athlete's (parents, siblings, friends, etc.) at **\$3.00 per lunch**. Please pay for the lunches on May 17th.

SCHEDULE OF EVENTS:

	DATE	TIME
_____ Pentathlon (ages 10-21)	May 16, 2008	1:00pm-5:00pm
_____ Games for the Visually Impaired	May 17, 2008	8:30am- 2:30pm
Athletes 14 years and older , please select one of the following		
_____ Endurance Challenge	_____ Gymnastics	
Awards Ceremony and Raffle	May 17, 2008	2:30pm -3:00pm

_____ We do not wish to attend the Games. Please do not send any additional literature.

ALL APPLICATIONS MUST BE POSTMARKED APRIL 17th IN ORDER TO PROPERLY PREPARE AND ORDER MATERIALS or YOU MAY GO ONLINE TO info@msdb.mt.gov AND SEND IN A CONFORMATION e-mail TO ASSURE ATHLETE T-SHIRT AND REGISTRATION FORM TO RESERVE YOUR SPOT.